



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH STARKE HOSPITAL

City of Hospital: INDIANA UNIVERSITY HEALTH STARKE HOSPITAL

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150102

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$16430995.00
Outpatient Patient Service Revenue	\$53565994.00
Total Gross Patient Service Revenue	\$69996989

2. Deductions From Revenue

Contractual Allowance	\$45241118.00
Other Deductions	\$0
Total Deductions	\$45241118

3. Total Operating Revenue

Net Patient Service Revenue	\$24755871.00
Other Operating Revenue	\$615598.00
Total Operating Revenue	\$25371469

4. Operating Expenses

Salaries and Wages	\$7492029.00	Employee Benefits	\$1513608.00
Depreciation and Amortization	\$1799112.00	Interest Expense	\$8825.00
Bad Debt	\$3736077.00	Other Expenses	\$9576160.00
Total Operating Expenses	\$24125811		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1245658.00	Total Assets	\$15584656.00
Net Non-operating Gains over Loss	\$4609.00	Total Liabilities	\$2514028.00
Total Net Gains	\$1250267		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$31961939.0	\$24893504.0	\$7068435
Medicaid	\$11553608.0	\$7852908.00	\$3700700
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$26481442.0	\$7839217.00	\$18642225
Total	\$69996989	\$40585629	\$29411360

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$2041222.00
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1275477.00	
HCI Payments	\$0		
Subtotal	\$0	\$1275477.00	\$-1275477
Medicaid Shortfalls	\$3700700.00	\$3943089.00	
Subtotal	\$3700700	\$5218566	\$-1517866
DSH Payments	\$330,127		
Subtotal	\$4030827	\$5218566	\$-1187739
Medicare Shortfalls	\$7068435.00	\$8658488.00	
Other Government Programs	\$0	\$0	
Total	\$11099262	\$13877054	\$-2777792

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$103612.00	\$-103612
Other Allocations	\$0	\$0	\$0